

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
4822-0102PApplication No.  
10/827,332-Conf. #2928Filing Date  
April 20, 2004Examiner  
D. C. PopeArt Unit  
2632

Applicant(s): Charles Henry LEDERER IV

Invention: Enhanced alarm system for monitoring of patients

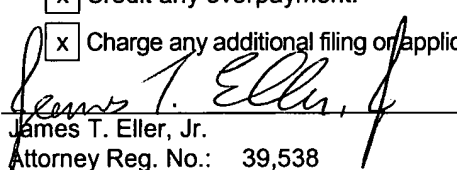
**MS Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

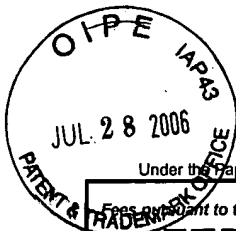
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 29 =	0	x	
Independent Claims	9	- 5 =	4	x 100.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>625.00</b>

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 02-2448 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 625.00 is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448  
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
James T. Eller, Jr.  
Attorney Reg. No.: 39,538Dated: July 28, 2006BIRCH, STEWART, KOLASCH & BIRCH, LLP  
8110 Gatehouse Road  
Suite 100 East  
P.O. Box 747  
Falls Church, Virginia 22040-0747  
(703) 205-8000



<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/827,332-Conf. #2928
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 20, 2004
		First Named Inventor	Charles Henry LEDERER IV
		Examiner Name	D. C. Pope
TOTAL AMOUNT OF PAYMENT		Art Unit	2632
(\$)		4822-0102P	Attorney Docket No.

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
25	- 29 = 0	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
9	- 5 = 4	x 100.00	= 400.00		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month	225.00

<b>SUBMITTED BY</b>			
Signature	<u>James T. Eller, Jr.</u>	Registration No. (Attorney/Agent)	39,538
Name (Print/Type)	James T. Eller, Jr.	Telephone	(703) 205-8000
		Date	July 28, 2006